

VETERANS NEWS & VIEWS, MARCH, 2010



OLD SOLDIERS' NEVER DIE !

Special dedication for our past president of the Veterans Assistance Commission of Lake County

We'll Miss you Jack

John "Jack" B. Nelson

John B. Nelson "Jack", 95, of Beach Park, IL, died on Saturday, March 13, 2010, at Vista Medical Center East in Waukegan. Jack was born October 9, 1914, in Cedar Rapids, IA, to John B. and Olive (nee Shepard) Nelson Sr. (both from large families), Jack however was an only child. He married Harriett P. Parkhurst (also an only child) on May 18th, 1942. That union produced no children. The couple was adopted by Bill and Doris Alexander and helped them raise their God-children Gail (Klevay) Kip, Kim, and Scott. Jack served with the United States Army in World War II and in his later years he spent **18 years as the president of the Lake County Veterans Assistance Commission**. Jack and Harriett had many friends that they out lived. Friends that left behind are Martha Corcoran-Lanee and family, Hazel (Mike) Aguire, Betty Norman, Stacey Newton, Walt Klevay, Johnnie Allen; and wonderful neighbors, Fred and Cheryl, Becky and Everett, and Emille and Nancy. He was preceded in death by his wife, Harriett on February 2, 2006. Services with cremation will be private and interment will be at Highland Memorial Park, Hunt Club and Belvidere Road, Libertyville. Memorial donations to American Heart Association have been suggested in his memory. A special thank you to Mary Ann, Sherry, and Peggy, from Martha for being there with me at the end.

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This is a poem being sent from a Marine to his Dad. For those who take the time to read it, you'll see a letter from him to his dad at the bottom. It makes you truly thankful for not only the Marines, but ALL of our troops.

THE MARINE

We all came together, Both young and old
To fight for our freedom, To stand and be bold.

In the midst of all evil, We stand our ground,
And we protect our country From all terror around.

Peace and not war, Is what some people say.
But I'll give my life, So you can live the American way

I give you the right To talk of your peace.
To stand in your groups, and protest in our streets.

But still I fight on, I don't fuss, I don't whine.
I'm just one of the people! Who is doing your time.

I'm harder than nails, Stronger than any machine.
I'm the immortal soldier, I'm a U.S. MARINE!

So stand in my shoes, And leave from your home.
Fight for the people who hate you, With the protests they've shown.
Fight for the stranger, Fight for the young.
So they all may have, The greatest freedom you've won

Fight for the sick, Fight for the poor
Fight for the cripple, Who lives next door.

But when your time comes, Do what I've done.
For if you stand up for freedom, You'll stand when the fight's done

By: Corporal Aaron M. Gilbert, US Marine Corps
USS SAIPAN, PERSIAN GULF

Hey Dad,
Do me a favor and label this 'The Marine' and send it to everybody on your list. Even leave this letter in it.
I want this rolling all over the US ; I want every home reading it. Every eye seeing it. And every heart to feel it.
So can you please send this for me? I would but my email time isn't that long and I don't have much time anyway.
You know what Dad? I wondered what it would be like to truly understand what JFK said in His inaugural speech.
'When the time comes to lay down my life for my country, I do not cower from this responsibility. I welcome it.'
Well, now I know. And I do. Dad, I welcome the opportunity to do what I do. Even though I have left behind a beautiful wife, and I will miss the birth of our first born child, I would do it 70 times over to fight for the place that God has made for my home. I love you all and I miss you very much. I wish I could be there when Sandi has our baby, but tell her that I love her, and Lord willing, I will be coming home soon. Give Mom a great big hug from me and give one to yourself too.

Aaron

FREEDOM isn't FREE Someone pays for you and me.

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Superintendents Report – March, 2010

By Michael P. Peck

Great news. A procedural audit performed by the Illinois Association of County Veterans Assistance Commission (IACVAC) conducted on February 24th and 25th found no procedural errors in our office management.

The auditor Michael Iwanicki, Superintendent for McHenry County made recommendations for the rewrite on some procedures, the most prominent of these was the elimination of our reimbursement policy and greater emphasis on our matching grant program with veterans post.

I fully support the recommendations. The number of veterans on food stamps is increasing and we need to use more of our budget in support of our supplemental food voucher program. Currently we have a stimulus grant of \$13,000 to support the voucher program but it is unknown if the stimulus program will continue.

We will do a bulk mailing in August prior to our 2010 Stand Down urging veterans who are listed by the Illinois Department of Human Services (IDHS) to seek our assistance.

We did receive a \$6,000 grant from United Way for our Emergency Shelter Program and we have reapplied for the grant from Department of Labor for \$7,000 for our 2010 Stand Down.

I want to publicly commend Michael Iwanicki, Superintendent for McHenry County for his efforts in the audit. Mike Chairs, from the IACVAC Accreditation Committee approves his report, we will become the first county to obtain full accreditation from the association.

Among the suggestions made is the switch from food vouchers to a debit card which would reduce the work load on our staff. As we await a decision on our possible move to North Chicago VAMC we are planning ways to increase our service to veterans in need. Unfortunately, the need is greater but our staff size has remained the same. You may see some new faces as we are working with CLC and VA Voc Rehab on using students for a work study program.

Why accreditation? This provides the VAC with a road map to achieve and maintain the highest standards in service to our veterans. It provides a tool to measure our service and lets the public know that our service meets the highest standards.

As the first VAC in Illinois to receive remote access to the VA Data Base, we have seen spikes in the number of calls to our office and less dependence by our clients on the VA Regional Office for information on their claims status.

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SPECIAL EVENTS – OPEN TO THE PUBLIC

Event: Spaghetti Dinner

Place: American Legion, Post 1170, Round Lake
111 E Main St
Round Lake, Il

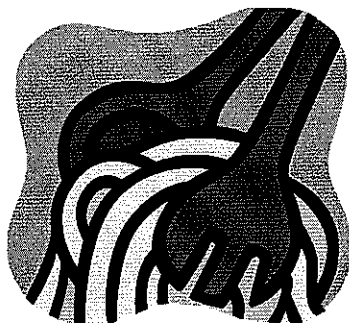
When: Sunday, April 18, 2010

Time: 2:00 pm to 7:00 pm

Cost: \$3.00 per ticket or 2 tickets for \$5.00

Contact: 847 546 3512 after 3:00 pm
Tickets also sold at door

HOPE TO SEE YOU THERE!



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ARMED SERVICES COMMITTEE Update 02: Both the House and Senate Armed Services leadership sent bipartisan letters to their respective Budget Committees, seeking needed budget allocations to meet FY2011 military needs. House Armed Services Chairman Ike Skelton (D-MO) and Ranking Member "Buck" McKeon (R-CA) highlighted several top Military Coalition priorities, including:

- An across-the-board pay raise increase of 1.9% (.5% above the Employment Cost Index) for military members.
- Retroactive credit for early retirement qualification for deployed guardsmen and reservists.
- Improved education programs for the Selected Reserve.
- Concurrent receipt for all medically retired servicemembers.
- Elimination of the offset for survivors entitled to both the Survivor Benefit Program and Dependency and Indemnity Compensation

Senate Armed Services Chairman Carl Levin (D-MI) and Ranking Member John McCain (R-AZ) asked the Senate Budget leadership to support the Administration's concurrent receipt proposal. The Administration's FY2011 defense budget proposes a five-year phase-out of the disability offset for all medical (Chapter 61) retirees. Rep. Joe Wilson (R-SC) has introduced legislation (H.R.4525) to implement that plan. Last year, neither the White House nor Congress identified a funding source to offset the initiative's cost (\$264M in FY 2011 and \$5.3B over the next ten years). The Skelton/McKeon letter expressed frustration that the White House again did not identify specific offsets, and said the Armed Services Committee will need the Budget Committee's help to make it happen. Under congressional rules, increases in so-called 'mandatory spending' (which includes concurrent receipt, Reserve retired pay, and SBP fixes) must be offset by increased revenue or cuts in other mandatory spending programs. Since the Armed Services Committees can't cut retired pay to fund SBP or vice versa, they need leadership help to identify other offsets.

ID CARD COPYING Update 01: With identity theft on the rise, it is understandable to feel a little uncomfortable with ID card copying. According to Title 18 United States Code, section 701, photocopying or possession of a card is only illegal if used in an unauthorized manner. To use your Tricare benefits, you must have a valid uniformed services ID card and be registered in the Defense Enrollment Eligibility Reporting System (DEERS). Children under the age of 10 can usually use either their parent's or guardian's ID card but they must be registered in DEERS. At age 10, children should have their own ID card. Your Tricare provider's office is authorized to make a copy of your military or family member ID card or Tricare Prime enrollment card, be assured it is not against the rules. Tricare recommends that providers photocopy your enrollment card as well as the front and back of your military ID card. Although it is not required for treatment, your enrollment card contains important information about you that your provider needs for referral, authorization and claims filing purposes. [Source: Tricare Health Matters, Issue 3:2007 & NAUS Weekly Update for 12 Mar 2010 ++]

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USCG RETIREMENT CERTIFICATES: Because of the Commandant Change of Watch in MAY 2010, mailing of retirement certificates (both for the retiree and his or her spouse) will be delayed a short time until the new Commandant's signature is received by the Pay and Personnel Center. The Presidential certificate will still be mailed along with a letter asking the retiree to provide an address for forwarding the other certificates once completed. More information, including the Retirement Certificate Order Form to be submitted by the retiring member's unit, can be found at www.uscg.mil/hq/cg1/psc/ras/CertificateRequest.asp#delay. [Source: NAUS Weekly Update for 12 Mar 2010 ++]

STOP-LOSS PAY Update 04: The Army has started sending direct mailings to 50,000 people believed to have been stop-lossed and have not yet applied for the payments they are owed. It is estimated that over 100,000 eligible soldiers and surviving spouses may be eligible. Based on the response the Army gets, it could send mailings to the other 50,000 people yet to file claims. The mailings will have passwords that allow recipients to access a Web site that can expedite the claims process. So far, 10,000 claims have been sent to the Defense Finance and Accounting Service for payment. Another 1,400 claims have been deemed invalid because the applicants received a bonus while being held under stop-loss. Servicemembers were able to begin submitting their claims for retroactive Stop Loss special pay on 21 OCT 09. They must provide documented proof they were stop lossed with their claim. Family members of deceased service members should contact the appropriate military service for assistance in filing their claim. Information on how to contact each of the services is listed below:

- Army: Go to <https://www.stoplosspay.army.mil> or email RetroStopLossPay@CONUS.Army.Mil
- Navy: Email NXAG_N132C@navy.mil
- Marine Corps: Go to <https://www.manpower.usmc.mil/stoploss> or email stoploss@usmc.mil
- Air Force: Go to <http://www.afpc.randolph.af.mil/stoploss/>

[Source: NAUS Weekly Update for 12 Mar 2010 ++]

VA AVIVA: The Veterans Affairs Department is at work on the next-generation of VistA, its 20-plus year-old electronic medical record system, which is often praised by users but considered a headache to planners working to bring VA health systems fully into the Internet age. The new system – dubbed Aviva – is designed to be Web-enabled, modular in design and capable of easily exchanging health records with other EMRs and organizations using standards built for the Nationwide Health Information Network (NHIN). In contrast, the current version of VistA resides on tens of thousands of computers, is difficult to upgrade and presents obstacles to VA plans to share information with other agencies and health organizations, according to its chief technology officer. “Effectively what we are trying to do is replace a tin can on a string with a cell phone system,” said Peter Levin, the VA’s CTO, who described Aviva at a 8 MAR meeting of a Health IT Standards Committee workgroup.

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Currently, it is difficult for VA to exchange data with external partners, the aim of its Virtual Lifetime Electronic Record (VLER) project with the Kaiser Permanente and the Defense Department to provide better care for veterans who get treatment from the three organizations, he said. Additionally, any changes or bug fixes planned for VistA must be made on each of the thousands of computers across the VA system. In contrast, Aviva aims to be scalable, modular, efficient and current. "Being current is what is eluding us right now to be able to fix bugs quickly, to be able to accelerate our release cycle and be able to plug into other components," Levin told the panel. Levin said that while VistA's user interface "is arguably the best in any electronic medical record," it is "difficult to learn and the information is not as intuitive as it could be." The programming environment of the current system is also "outdated and difficult to maintain," he said. In developing Aviva, Levin said the VA's wants to build a platform that can "scale with our veterans' population" and accommodate "in a modular, perhaps open source, framework multiple development teams" that could install their applications into the system's backbone platform. Yet Levin emphasized that VistA would remain a key component of Aviva. "I wouldn't be surprised if it ultimately subsumes (VistA)," he said.

VA's most important initial goal is making its EMR system interoperable with other systems and agencies, Levin said. "All we really care about is data interoperability or data interoperability first," Levin said. "We can exchange business rules later. If we can have some kind of convergence of the user layer, that's great. But right now I am focused on data." Ultimately, VA wants to segment the kaleidoscope of data, business rules and lines of MUMPS code into a presentation layer "that protects the user from changes that take place behind the curtain." In making it interoperable, Levin said, VA would "segregate the presentation layer of VistA and attach it to the nationwide health information network." [Source: Government Health IT Mary Mosquera article 10 Mar 2010 ++]

VA BUDGET 2011 Update 02: Despite plans to give the Veterans Affairs Department a 7% budget increase at a time when most federal spending is frozen, key congressional committees are pushing for even bigger veterans budgets. They just can't agree on how much more to give.

- At the low end, Democrats on the Senate Veterans' Affairs Committee are recommending a \$380 million increase in the \$56.9 billion VA budget proposed by the Obama administration.
- At the high end, Republicans on the House Veterans' Affairs Committee are recommending a \$2.6 billion increase.
- Democrats on the House Veterans' Affairs Committee fall in between, proposing a \$571 million increase over the administration budget.
- Republicans on the Senate Veterans' Affairs Committee have not yet released their recommendations on the 2011 budget.

The recommendations are being sent to the House and Senate budget committees, which are responsible for drawing up a 2011 federal budget guideline, known as a concurrent budget resolution, that sets spending levels for various federal agencies and revenue targets to be used in preparing tax-related

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legislation. The resolution, while not legally binding, is used as a guide as Congress works on annual agency budgets. It is unclear whether the budget committees will go along with the idea of giving an even bigger increase to VA, while other federal agencies would get no increase under the Obama administration plan after adjusting for inflation. In appealing for extra money, the veterans' committees are saying that scrimping on care for combat veterans unwise given the sacrifices being made in Iraq and Afghanistan. "Caring for veterans is an ongoing cost of war," Democrats on the House Veterans' Affairs Committee said in their March 4 recommendations to the House Budget Committee. "Our recommendations are for stronger funding to help disabled veterans train for new careers, provide support to family caregivers, and invest in medical and prosthetic research," said Sen. Daniel Akaka, D-Hawaii, the Senate Veterans' Affairs Committee chairman. [Source: NavyTimes Rick Maze article 11 May 2010 ++]

ACM & ICM Update 04: The Department of Defense announced 11 MAR that additional campaign stars are authorized for wear on the Iraq Campaign Medal (ICM). The campaign stars recognize a service member's participation in DoD designated campaigns in Iraq. Service members who have qualified for the ICM may display a bronze campaign star on their medal for each designated campaign phase in which they participated. The stars will be worn on the suspension and campaign ribbon of the campaign medal. Service members should contact their respective military departments for specific implementation guidance. The additional campaign phases and associated dates established for the ICM are:

- Iraqi Surge - Jan. 10, 2007 to Dec. 31, 2008.
- Iraqi Sovereignty - Jan. 1, 2009 through a date to be determined.

Four other phases, previously identified, include:

- Liberation of Iraq – March 19, 2003 to May 1, 2003.
- Transition of Iraq – May 2, 2003 to June 28, 2004.
- Iraqi Governance – June 29, 2004 to Dec. 15, 2005.
- The "National Resolution" phase, which began Dec. 16, 2005, has been determined to end Jan. 9, 2007.

[Source: DoD News Release No. 193-10 dtd 11 Mar 2010 ++]

VA HOMELESS VETS Update 14: The Department of Veterans Affairs is allocating \$39 million to fund about 2,200 new transitional housing beds through grants to local providers. "VA is committed to ending the cycle of homelessness among Veterans," said Secretary of Veterans Affairs Eric K. Shinseki. "We will use every tool at our disposal - health care, education, jobs, safe housing - to ensure our Veterans are restored to lives with dignity, purpose and safety." The \$39 million in funding is broken into two categories. About \$24 million in grants are available to renovate or rehabilitate space to create about 1,000 transitional housing beds. The grants put a priority upon housing for homeless women and

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housing on tribal lands. A second group of grants, valued at about \$15 million, is expected to fund about 1,200 new beds for homeless providers who already have suitable transitional housing. The grants will provide per diems based upon the number of homeless Veterans being served in transitional housing. VA is the largest federal provider of direct assistance to the homeless, with 14,000 transitional beds in operation or development. About 107,000 Veterans are homeless on a typical night. Secretary of Veterans Affairs Eric K. Shinseki has committed the department to ending homelessness among Veterans within five years. For more information, refer to VA's Web page for the grant and per diem program at www.va.gov/homeless or contact VA's program office, call 1(877)332-0334, or e-mail VA at homelessvets@va.gov . [Source: VA News Release 11 Mar 2010 ++]

CHAPTER 61 LEGISLATION Update 04: The Senate Armed Services Committee has given a sliver of hope to some disabled military retirees still waiting for the right to receive their full military retirement pay and veterans disability compensation. The committee is asking the Senate Budget Committee to make adjustments in the 2011 federal budget to accommodate \$264 million in additional benefits in 2011 and \$5.4 billion over the next 10 years to allow an expansion of "concurrent receipt." The request comes in the committee's letter to the Senate Budget Committee making recommendations about the \$708 billion defense budget for 2011. A bipartisan letter signed by committee chairman Sen. Carl Levin (D-MI) and ranking Republican John McCain (R-AZ) warns against cutting the Obama administration's proposed defense budget. "We note that after almost a decade of combat operations, the readiness of our non-deployed force has declined due to equipment being taken to support deploying units, in addition to a heavy emphasis being placed on training for counterinsurgency operations versus training for full-spectrum operations," the letter says. "We urge the budget committee to fully support the administration's national defense budget request so that we can assist the department in restoring and protecting vital readiness accounts."

On concurrent receipt, the Obama administration proposes to add \$264 million into the military retirement trust fund in 2011 so it can begin providing concurrent receipt of retired pay and disability pay to people who received medical retirement from the military with fewer than 20 years of service. Over five years, the administration wants to phase in concurrent receipt for people receiving military disability retired pay, ultimately providing full military and veterans benefits to all disabled retirees. The problem with the Obama administration's proposal is that it does not comply with congressional budget procedures; it does not specifically identify a source of the money that would be spent on new retiree benefits. This same problem prevented Congress from passing a similar proposal last year. Levin and McCain told the budget committee they support providing full concurrent receipt, and hope the budget committee can identify offsets in the budget to cover the costs. The Levin-McCain letter was sent to the budget committee on 5 MAR but released only on 9 MAR. [Source: ArmyTimes Rick Maze article 10 Mar 2010 ++]

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THE HURT LOCKER: Many film critics and awards voters have praised "The Hurt Locker's" depiction of the U.S. military in Iraq, often singling out the bomb disposal drama for its authenticity. But as the film emerged and won the best picture at the 2010 Academy Awards, a number of active soldiers and veterans say the film is Hollywood hokum, portraying soldiers as renegades while failing to represent details about combat accurately. The criticism, coming just before Oscar ballots were due 9 MAR, highlights the delicate relationship between "The Hurt Locker" and the nation's armed forces. Defense Secretary Robert M. Gates said the film is "authentic" and "very compelling". He has recommended it to his staff. But the government says it pulled its "Hurt Locker" production assistance at the last minute in 2007, saying that the film's makers were shooting scenes that weren't in the screenplay submitted to the Defense Department, including a sequence that the government believed portrayed troops unflatteringly. The film's producers dispute elements of the account.

Although "The Hurt Locker" has numerous supporters within the military — including Purple Heart winner Drew Sloan, who recently participated in a "Hurt Locker" panel discussion in Hollywood — the movie's detractors share a consistent complaint about its representation of the Army's Explosive Ordnance Disposal team as its members attempt to disarm improvised explosive devices. The film, directed by Kathryn Bigelow, the first female to win the Oscar for Best Director, and written by journalist Mark Boal, stars Jeremy Renner as Staff Sgt. William James, an adrenaline-addicted bomb defuser who occasionally puts his unit at risk. Members of EOD teams in southern Iraq said in interviews arranged by the Army that "The Hurt Locker" is a good action movie if you know nothing about defusing roadside bombs or the military. An EOD team leader in Maysan province, Staff Sgt. Jeremy D. Phillips, said, "My interest is bringing myself and my team members home alive, with all of our appendages in the right place." Although he was glad the film highlighted their trade, he disliked the celluloid treatment of EOD units. "There is too much John Wayne and cowboy stuff."

Others are more supportive. Sloan, a former Army captain, said at the panel discussion that "The Hurt Locker" offered a perfect snapshot of modern conflict. "This is what's going on for the men and women who are fighting this war," he said. Boal, who also produced "The Hurt Locker," said the film was not intended to be a documentary or a training film. "We certainly made creative choices for dramatic effect," he said. "But I hope the choices were made respectfully and conscientiously." At one point, "The Hurt Locker" might have been made with government cooperation. But just 12 hours before Lt. Col. J. Todd Breasseale was to fly to Jordan to serve as the Army's technical adviser to "The Hurt Locker," he said in an interview, he heard there might be problems. A Jordanian official told him that scenes were being shot that were not in the script that the Army had approved. Breasseale accused the producer of shooting a scene in which soldiers act violently toward detainees. (The military does not provide help to films depicting violations of the laws of war, unless consequences are shown.) Boal said the production initially worked with the military but parted ways when it became clear the military would not approve of "The Hurt Locker's" script. "The Department of Defense did not support the movie. And my understanding is

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that they did not support 'Platoon' or 'The Deer Hunter,'" Boal said of two of the most revered movies about the Vietnam War. "I am OK with that outcome because I didn't want to change the script to suit them." [Source: Veterans Today Newsletter John Allen article 10 Mar 2010 +]

VET DISCOUNTS/OFFERS: To honor the 60th anniversary of the Korean War, the Little Angels Children's Folk Ballet of Korea will kick off a 16-nation tour this June to honor and thank veterans for their sacrifices. Tickets are being offered at no charge to veterans and their families for the performances 9 & 10 JUN at the Kennedy Center in Washington, D.C. While priority will be given to Korean War veterans and their families, all veterans will be offered complimentary tickets for the performances on a first-come, first-served basis. A maximum of 4 complimentary tickets will be offered for each veteran and his or her family. The Little Angels' tour will begin in the prestigious Kennedy Center's Opera House in Washington, D.C., with four performances from June 9-12, all beginning at 7:30 p.m. The first two performances on June 9 and 10 will be benefits for the veterans. The third and fourth performances on June 11 and 12 will be public events for which tickets must be purchased. All public tickets will be at a reduced rate as a tribute to the Korean War veterans. To request complimentary tickets, fill out the application at www.kw60project.com/images/little%20angel%20ticket%20form.pdf and e-mail it to KW60tickets@gmail.com . [Source: MOAA News Exchange 10 Mar 2010 ++]

VA VLER Update 02: The Department of Veterans Affairs (VA) and Department of Defense (DoD) announced 8 MAR the next phase of the Virtual Lifetime Electronic Record (VLER) Health Communities Program. This initiative improves care and services to our Nation's heroes by sharing health information using the Nationwide Health Information Network (NHIN) developed under the leadership of the Department of Health and Human Services (HHS). "The Obama Administration understands the importance of electronic health data exchange to Veterans' health and well-being," said Secretary of Veterans Affairs Eric K. Shinseki. "Building upon VA's successful pilot project with our San Diego VA Medical Center and private sector partners provides us with another opportunity to further develop this technology and share information with our DoD partners safely, securely, and efficiently." DoD and VA selected the Virginia/Tidewater area of Southeastern Virginia as the next area to partner with due to its high concentration of Veterans, military retirees, members of the guard and reserve, and active duty servicemembers and their dependents.

In the Virginia/Tidewater area, VA and DoD will partner with private sector hospitals who have joined a NHIN-compliant regional health information exchange that enables organizations to exchange information regionally and nationwide. The Virginia/Tidewater pilot builds on the continuing success of the first pilot in San Diego, Calif., with Kaiser Permanente. Servicemembers and Veterans in the Virginia/Tidewater area will be invited to participate in this health data exchange program scheduled to

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launch this year. Individuals who choose to participate will authorize their public and private sector health care providers and doctors to share specific health information electronically, safely, securely and privately. The program, through policy and technology, places the highest priority on patient privacy and data security. No exchange of information will occur without the appropriate permissions of the individual patients. Access to care will not be affected by a decision not to participate. [Source: VA News Release 8 Mar 2010 ++]

BILL MAULDIN STAMP: The United States Postal Service deserves a standing ovation for something that's going to happen in March: Bill Mauldin is getting his own postage stamp. It's an honor that most generals and admirals never receive. Mauldin, and his work, meant so much to the millions of Americans who fought in World War II, and to those who had waited for them to come home. He was a kid cartoonist for Stars and Stripes, the military newspaper; Mauldin's drawings of his muddy, exhausted, whisker-stubbed infantrymen Willie and Joe were the voice of truth about what it was like on the front lines. Mauldin was an enlisted man just like the soldiers he drew for; his gripes were their gripes, his laughs were their laughs, his heartaches were their heartaches. He was one of them. They loved him. He never held back. Sometimes, when his cartoons cut too close for comfort, his superior officers tried to tone him down. In one memorable incident, he enraged Gen. George S. Patton, and Patton informed Mauldin he wanted the pointed cartoons -- celebrating the fighting men, lampooning the high-ranking officers -- to stop. Now! Mauldin's drawings of his exhausted infantrymen Willie and Joe were the voice of truth... The news passed from soldier to soldier. How was Sgt. Bill Mauldin going to stand up to Gen. Patton? It seemed impossible. Not quite. Mauldin, it turned out, had an ardent fan: Five-star Gen. Dwight D. Eisenhower, supreme commander of the Allied forces in Europe. Ike put out the word: Mauldin draws what Mauldin wants. Mauldin won. Patton lost.

While in the 45th Infantry Division, Mauldin volunteered to work for the unit's newspaper, drawing cartoons about regular soldiers or "dogfaces". Eventually he created two cartoon infantrymen, Willie (who was modeled after his comrade and friend Irving Rictel) and Joe, who became synonymous with the average American GI. His cartoon work continued as he fought in the July 1943 invasion of Sicily and the Italian campaign. Mauldin began working for Stars and Stripes, the American soldiers' newspaper; by March 1944, he was given his own jeep, in which he roved the front, collecting material and producing six cartoons a week. His cartoons were viewed by soldiers all over Europe during World War II, and also published in the United States. In 1945 at the age of 23 he won a Pulitzer Prize "for distinguished service as a cartoonist" and the Allied high command awarded him its Legion of Merit. His illustrated memoir, *Up Front*, was a bestseller. That same year, his "dogface" Willie appeared on the cover of Time. He won a second Pulitzer Prize, and he should have won a third, for what may be the single greatest editorial cartoon in the history of the craft: his deadline rendering, on the day President John F. Kennedy was assassinated, of the statue at the Lincoln Memorial slumped in grief, its head cradled in its hands. But he never acted as if he was better than the people he met. He was still Mauldin the enlisted man. Mauldin

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died at age 81 in the early days of 2003 and was buried in Arlington National Cemetery. The end of his life had been rugged. He had been scalded in a bathtub, which led to terrible injuries and infections; Alzheimer's disease was inflicting its cruelties. Unable to care for himself after the scalding, he became a resident of a California nursing home, his health and spirits in rapid decline. He was not forgotten, though.

During the late summer of 2002, as Mauldin lay in that California nursing home, some of the old World War II infantry guys caught wind of it. They didn't want Mauldin to go out that way. They thought he should know that he was still their hero. Gordon Dillow, a columnist for the Orange County Register, put out the call in Southern California for people in the area to send their best wishes to Mauldin. Soon more than 10,000 letters and cards had arrived at Mauldin's bedside. Even better than that, the old soldiers began to show up just to sit with Mauldin, to let him know that they were there for him, as he, long ago, had been there for them. So many volunteered to visit Bill that there was a waiting list. Here is how Todd DePastino, in the first paragraph of his biography of Mauldin, described it: "Almost every day in the summer and fall of 2002 they came to Park Superior nursing home in Newport Beach, California, to honor Army Sergeant, Technician Third Grade, Bill Mauldin. They came bearing relics of their youth: medals, insignia, photographs, and carefully folded newspaper clippings. Some wore old garrison caps. Others arrived resplendent in uniforms over a half century old. Almost all of them wept as they filed down the corridor like pilgrims fulfilling some long-neglected obligation." One of the veterans explained to me why it was so important: "You would have to be part of a combat infantry unit to appreciate what moments of relief Bill gave us. You had to be reading a soaking wet Stars and Stripes in a water-filled foxhole and then see one of his cartoons."

In all probability Mauldin would have approved of his stamp. On it two guys, "Willie and Joe" are keeping him company. To the side, drawing them and smiling that shy, quietly observant smile, is Mauldin himself. With his buddies, right where he belongs. [Source: Various Mar 2010 ++]

FORECLOSURE Update 05: In an effort to end the foreclosure crisis, the Obama administration has been trying to keep defaulting owners in their homes. Now it will take a new approach: paying some of them to leave. This latest program, which will allow owners to sell for less than they owe and will give them a little cash to speed them on their way, is one of the administration's most aggressive attempts to grapple with a problem that has defied solutions. More than five million households are behind on their mortgages and risk foreclosure. The government's \$75 billion mortgage modification plan has helped only a small slice of them. Consumer advocates, economists and even some banking industry representatives say much more needs to be done. For the administration, there is also the concern that millions of foreclosures could delay or even reverse the economy's tentative recovery — the last thing it wants in an election year. Taking effect on 5 APR, the program could encourage hundreds of thousands of delinquent borrowers who have not been rescued by the loan modification program to shed their houses

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through a process known as a short sale, in which property is sold for less than the balance of the mortgage.

Lenders will be compelled to accept that arrangement, forgiving the difference between the market price of the property and what they are owed. "We want to streamline and standardize the short sale process to make it much easier on the borrower and much easier on the lender," said Seth Wheeler, a Treasury senior adviser. To bring the various parties to the table (i.e. the homeowner, the lender that services the loan, the investor that owns the loan, the bank that owns the second mortgage on the property) the government intends to spread its cash around by giving \$1,000 to the servicing bank, \$1,000 toward a second loan, if there is one, and \$1,500 in "relocation assistance" to the distressed homeowners. Should the incentives prove successful, the short sales program could have multiple benefits.

- For the investment pools that own many home loans, there is the prospect of getting more money with a sale than with a foreclosure.
- For the borrowers, there is the likelihood of suffering less damage to credit ratings. And as part of the transaction, they will get the lender's assurance that they will not later be sued for an unpaid mortgage balance.
- For communities, the plan will mean fewer empty foreclosed houses waiting to be sold by banks. By some estimates, as many as half of all foreclosed properties are ransacked by either the former owners or vandals, which depresses the value of the property further and pulls down the value of neighboring homes.

Under the new federal program, a lender will use real estate agents to determine the value of a home and thus the minimum to accept. This figure will not be shared with the owner, but if an offer comes in that is equal to or higher than this amount, the lender must take it. There are myriad other potential conflicts over short sales that may not be solved by the program, which was announced on Nov. 30 but whose details are still being fine-tuned. Many would-be short sellers have second and even third mortgages on their houses. Banks that own these loans are in a position to block any sale unless they get a piece of the deal. Major lenders seem to be taking a cautious approach to the new initiative. In many cases, big banks do not actually own the mortgages; they simply administer them and collect payments. J. K. Huey, a Wells Fargo vice president, said a short sale, like a loan modification, would have to meet the requirements of the investor who owns the loan. "This is not an opportunity for the customer to just walk away," Ms. Huey said. "If someone doesn't come to us saying, 'I've done everything I can, I used all my savings, I borrowed money and, by the way, I'm losing my job and moving to another city, and have all the documentation,' we're not going to do a short sale." [Source: New York Times By David Streitfeld article 7 Mar 2010 ++]

VA CLAIMS BACKLOG Update 36: The Department of Veterans Affairs (VA) announced 9 MAR an aggressive new initiative to solicit private-sector input on a proposed "fast track" Veterans' claims process for service-connected presumptive illnesses due to Agent Orange exposure during the Vietnam War. "This will be a new way of doing business and a major step forward in how we process the presumptive claims we expect to receive over the next two years," Secretary of Veterans Affairs Eric K.

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Shinseki said. "With the latest, fastest, and most reliable technology, VA hopes to migrate the manual processing of these claims to an automated process that meets the needs of today's Veterans in a more timely manner." Over the next two years, about 200,000 Veterans are expected to file disability compensation claims under an historic expansion of three new presumptive illnesses announced last year by Secretary Shinseki. They affect Veterans who have Parkinson's disease, ischemic heart disease and B-cell leukemia.

In practical terms, Veterans who served in Vietnam during the war and who have one of the illnesses covered by the "presumption of service connection" don't have to prove an association between their medical problems and military service. This "presumption" makes it easier for Vietnam Veterans to access disability compensation benefits. Vietnam Veterans are encouraged to submit their claims as soon as possible to begin the important process of compensation. Along with the publication of proposed regulations for the three new presumptives this spring, VA intends to publish a formal request in Federal Business Opportunities for private-sector corporations to propose automated solutions for the parts of the claims process that take the longest amount of time. VA believes these can be collected in a more streamlined and accurate way. Development involves determining what additional information is needed to adjudicate the claim, such as military and private medical records and the scheduling of medical examinations. With this new approach, VA expects to shorten the time it takes to gather evidence, which now takes on average over 90 days. Once the claim is fully developed and all pertinent information is gathered, VA will be able to more quickly decide the claim and process the award, if granted.

The contract is expected to be awarded in April with proposed solutions offered to VA within 90 days. Implementation of the solution is expected within 150 days. "Veterans whose health was harmed during their military service are entitled to the best this nation has to offer," added Secretary Shinseki. "We are undertaking an unprecedented modernization of our claims process to ensure timely and accurate delivery of that commitment."

The automated claims system will apply only to veterans filing for the three new presumptive illnesses Agent Orange claims. If it works, the VA hopes to expand automated claims processing through the department, said Roger Baker, an assistant secretary for information and technology. Old, incomplete or complicated records have hampered the VA's move to automation, said former VA Secretary James Peake, who applauded Shinseki's move. Many records require hands-on investigation, said Peake, who led the department from 2007 to 2009. Agent Orange cases, however, may be a good place to start, Peake said. Once the information from a veteran's discharge papers is entered into a computer, the VA can quickly verify service in Vietnam in many cases - a key factor in determining eligibility for Agent Orange benefits.

Last year, VA received more than one million claims for disability compensation and pension. VA provides compensation and pension benefits to over 3.8 million Veterans and beneficiaries. Presently, the basic monthly rate of compensation ranges from \$123 to \$2,673 to Veterans without any dependents. Disability compensation is a non-taxable, monthly monetary benefit paid to Veterans who are disabled as

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a result of an injury or illness that was incurred or aggravated during active military service. For more information about disability compensation, refer to www.va.gov. Additional information about Agent Orange and VA's services and programs for Veterans exposed are available at www.publichealth.va.gov/exposures/agentorange . [Source: VA News Release 9 Mar 2010 ++]

RESERVE GI BILL Update 10: The Educational Assistance for Members of the Armed Forces Who Serve after September 11, 2001 Act, more commonly known as the Post 9/11 GI Bill, was enacted as part of the 2008 Supplemental Appropriations Act, Public Law 110-252. The bill established educational benefits for military members performing Title 10 active duty service after 9/11, with the ability to transfer those benefits to their families. Unfortunately, the legislation mistakenly excluded National Guard Title 32 active service. Because of this mistake, Congress has effectively denied benefits to members of the National Guard who served our country in Title 32 status following 9/11 in a variety of domestic operations such as the Katrina, Operation Noble Eagle, Operation Jump Start, airport security operations following the 9/11 and more. To correct this inequality, Representative David Loebsack (D-IA) introduced H.R.3554, National Guard Education Equality Act (91 co-sponsors), and Senator Michael Bennet (D-CO) introduced its companion bill S.1668 (13 co-sponsors). These bills would fully qualify National Guard Title 32 service for benefits under the post 9/11 GI Bill.

The Congressional Budget Office (CBO) has provided a preliminary cost estimate for this legislation of \$1.5 billion dollars over ten years. The new Pay Go law, enacted 12 FEB 10, will require the bill to be deficit-neutral. This means that the final cost estimate must be offset by a reduction in another program, or Congress would have to justify the expenditure as an emergency spending measure. This initiative is arguably an emergency measure because its purpose is to correct the unintentional omission of Title 32 active service in the current law. The National Guard Association of the United States (NGAUS) is asking veterans to contact their Representative and Senators and urge them to support H.R.3554 or S.1668 to correct this inequity in the Post 9/11 GI Bill. A quick and easy way to do this is to go to <http://capwiz.com/ngaus/mail/compose/?mailid=14779496&azip=92571> and complete your contact data to forward a preformatted letter message requesting their support in this legislation. [Source: NGAUS Legislative Alert #10-05 dtd 9 Mar 2010 ++]

HONOR FLIGHT NETWORK Update 02: Steve Coleman, chairman of the group's organizing committee, announced that Oklahoma Honor Flights is chartering a plane with space for 100 veterans, 60 helpers and 12 members of the media to go 17 MAY 2010 on an eight-hour tour of sites at the nation's capital. The group formed last year is dedicated to giving the veterans, many in their 80s, a chance to see the memorial and other significant sights at the capital. Plans are for the plane to take off from Oklahoma City at 6:30 a.m. and return at 9:30 p.m. the same day. Three tour buses, each with a tour

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guide, will take the group around Washington, Coleman said. They will visit the memorial, attend a ceremony for veterans, watch the changing of the guard at the Tomb of the Unknowns at Arlington National Cemetery and visit the Marine Corps War Memorial, also known as the Iwo Jima Memorial. To conduct the trip, Oklahoma Honor Flights has to meet several requirements from the national organization, Coleman said. For each veteran in a wheelchair, Honor Flights requires one guardian, or helper, and one guardian for every 2 1/2 veterans not in wheelchairs. A third of the guardians are required to have medical training, such as nurses, firefighters and paramedics.

The group had originally planned for a two-day trip to take about 35 veterans. Instead, organizers opted for a one-day, \$90,000 trip that would avoid hotel costs and allow more veterans to go, said state Rep. Gary Banz (R-Midwest City), one of the organizers. Honor Flights members feel a sense of urgency to get World War II veterans to the memorial, which opened in 2004. "The window of opportunity to do that is rapidly closing because of their age," Coleman said. Banz is eager to see how it all works out. "We've never been down this street before," he said. He and Coleman are among the guardians who will go along. About 185 veterans have applied to go, but there is room for only 100 on the plane, Banz said. The list of veterans will be finalized by 1 APR. The group will pick up the cost of the veterans' trips. Guardians and members of the media are to pay \$500 each to go along. The group hopes to make the privately funded trips "a perpetual thing," Coleman said. A second trip is being discussed for October. Future trips to the Korean and Vietnam war memorials are being proposed. Banz is the principal House author of a bill seeking to provide a source of ongoing funding to Oklahoma Honor Flights. For more information, to donate or to sign up as a veteran or guardian on a future trip refer to www.oklahomahonorflights.org ; mail P.O. Box 10492, Midwest City, OK 73140; or call (405) 259-9000. [Source: The Oklahoman Chris Schutz article 7 Mar 2010 ++]

MILITARY HEALTH SYSTEM: The Military Health System (MHS) is a global medical network within the Department of Defense that provides health care to all U.S. military personnel worldwide. Equipped with 59 hospitals, 364 health clinics and a \$50 billion budget, the MHS delivers the highest quality health care in the world to a beneficiary population of 9.6 million service members, veterans, and family members. MHS has launched a new www.Health.mil Web site that provides a single point of entry to military health news, information and resources. The site is part of the Defense Department's commitment to make health information available and easy to find. Content is categorized by topic or audience, including servicemembers, retirees and families; health care providers; educators and researchers; Military Health System staff; Defense Department leaders; and the media. The new design better serves the system's health care beneficiaries by providing links to Tricare and eBenefits up front. An easy-to-navigate layout provides multiple paths to the information, including an exposed site map and a topic index on every page. The new site includes improved Section 508 compliance for the disabled and is easier to use with mobile devices. A robust search function pulls in results from across

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multiple organizational Web sites within the Military Health System. [Source: AFPS article 8 Mar 2010 ++]

PTSD Update 38: The Marijuana Policy Project (MPP) in Washington D.C. says the U.S. Department of Veterans Affairs should let VA doctors use marijuana in the treatment of post-traumatic stress disorder. At present VA forbids its doctors from recommending medical marijuana to veterans even in the 14 states where medical marijuana is legal. This policy is based on advice from the Drug Enforcement Administration. According to the MPP, a 2008 study by the RAND Corporation in showed that 20% of soldiers returning home from Iraq and Afghanistan suffer from PTSD and that a 2007 study in the "Journal of Traumatic Stress" found marijuana can be an effective treatment for severe PTSD symptoms. The Marijuana Policy Project and MPP Foundation envision a nation where marijuana is legally regulated similarly to alcohol, marijuana education is honest and realistic, and treatment for problem marijuana users is non-coercive and geared toward reducing harm. Their mission is to:

1. Increase public support for non-punitive, non-coercive marijuana policies.
2. Identify and activate supporters of non-punitive, non-coercive marijuana policies.
3. Change state laws to reduce or eliminate penalties for the medical and non-medical use of marijuana.
4. Gain influence in Congress.

[Source: Ledger-Enquirer Larry Gierer article and www.mpp.org 4 Mar 2010 +]

PTSD Update 39: Injured servicemembers who receive morphine during trauma care are about half as likely to develop post-traumatic stress disorder as those who are not administered the drug, a Navy study has revealed. The study found that the use of morphine directly after injury during resuscitation and early trauma care was associated with a reduced risk of PTSD, Troy Holbrook, one of the study's authors, said. The study was conducted by researchers from the Naval Health Research Center in San Diego, and was published in the New England Journal of Medicine on 14 JAN. Researchers studied 696 injured servicemembers using data compiled from the Navy-Marine Corps Combat Trauma Registry Expeditionary Medical Encounter Database, Holbrook said. Among the patients studied, 243 received a diagnosis of PTSD and 453 did not. Of the patients who received a PTSD diagnosis, 61% had been administered morphine. Among those without PTSD, 76% had received morphine. "This can be interpreted to mean that patients who receive morphine after serious injury, during acute trauma care and resuscitation, were about half as likely to develop PTSD compared to patients that did not receive morphine," Holbrook explained.

Holbrook said more studies are needed to determine the correlation between morphine and the reduced risk of PTSD. "It may interfere with memory consolidation or alternatively may work through mitigation of severe pain, or a combination of both," she suggested. Researchers honed in on morphine based on the

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results of earlier studies that pointed to the drug as a "first-line" defense against PTSD development, Holbrook said. "Our data support the idea the administration of morphine for optimal control of pain and anxiety after injury may reduce the risk of PTSD," she said. These findings may not be limited to morphine, she noted, adding that other, related opiates are likely to have a similar effect. But more research is necessary "to understand the potential impact and importance of morphine use after injury and PTSD risk reduction in the future," she added. In the meantime, the study's findings will be shared with the other services. The results can be used to develop strategies for PTSD prevention after injury and also to help identify those injured servicemembers at greatest risk of developing PTSD, she said. Holbrook said she anticipates many more studies on this topic. "The findings have generated great interest among scientists and clinicians." [Source: AFPS Elaine Wilson article 11 Mar 2010 ++]

MEDICAL IDENTITY THEFT Update 01: When your wallet is lost or stolen, the first thing you probably do is call your credit card companies. You should also notify your medical insurance provider judging from the conclusions of a report to be released on 3 MAR that finds that medical identity fraud can be very costly. With identity fraud, most people think of criminals stealing Social Security numbers and credit card data to take out loans or make purchases that the victim is responsible for. But there is a growing amount of medical-related identity theft in which someone uses another person's identity or insurance information to get medical treatment or medicine. About 9 percent of U.S. adults have been victims of identity fraud and, of those, nearly 6% are estimated to have been victims of medical-related identity fraud, which translates to 1.4 million people, according to survey results and population extrapolations from the National Study on Medical Identity Theft report from the Ponemon Institute. The report was sponsored by credit reporting firm Experian.

The average total cost to resolve an identity theft-related incident, according to the survey, came to about \$20,000. More than half of the victims said they had to pay for the care they didn't receive out of their own pocket to restore coverage. Nearly half said they lost their health care coverage as a result of the incident, while nearly one-third said their insurance premiums went up after the event. "We had a customer call this week who said he received a collections notice," said Jennifer Leur, general manager of Experian's ProtectMyID.com service. "Someone took a loan out from a bank to pay for several thousand dollars worth of surgery, used his name for the loan and the surgery... We got it removed from his credit file, but it changed his medical records and now he could face a lawsuit from the doctor who wants to get paid." Fewer than 10% of survey respondents said that the matter affecting them was completely resolved and their identity restored, while 40% said they were not able to resolve the matter. In many cases, the fraud is committed by a family member or friend of the victim, so the crime is often not reported to authorities, said Larry Ponemon, founder and chairman of the Ponemon Institute. But don't doctor's offices and hospitals ask to see photo ID? "That is not as common a practice as you might think," Ponemon said. "Some health care providers think that could be a violation of the consumer's privacy." [Source: CNET News Elinor Mills article 3 Mar 2010 ++]

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DOD PDBR Update 07: Recommendations from a congressionally directed Defense Department Physical disability Board of Review (PDBR) have resulted in 61% of applicants having their status changed from a medical separation to retirement on the permanent disability list, the board president said. Michael LoGrande said the board reassessed the accuracy and fairness of the combined disability rating assigned to servicemembers who were separated due to unfitness for duty because of a medical condition with a disability rating of 20% or less and weren't retirement-eligible. The review considered only servicemembers separated from the armed forces between 11 SEP 01 and 31 DEC 09. The Department of Defense Physical Disability Board of Review came about as part of the 2008 National Defense Authorization Act, which standardized the disability evaluation system among the services by mandating the use of the Veterans Affairs Department's schedule of rating disabilities, LoGrande said.

The Defense Department has identified about 77,000 veterans eligible to apply for a board review, LoGrande said. The request for review may come from the veteran, surviving spouse, next of kin or legal guardian. Once the board reviews a case and makes a recommendation, the appropriate service secretary or a designee will decide whether to accept the board's recommendation. Veterans cannot appeal a decision made as a result of the review board process, LoGrande said. Eligible veterans can request a board review by submitting a Department of Defense Form 294, Application for Review of Physical Disability Separation from the Armed Forces of the United States. It's available at <http://www.defense.gov> by searching for "DD Form 294." Veterans requesting a review must mail their completed and signed DD Form 294 to SAF/MRBR, 550 C St. W., Suite 41, Randolph Air Force Base, TX 78150-4743. Applicants may submit statements, briefs, medical records or affidavits supporting their application, LoGrande said.

In addressing their involuntary separation, LoGrande emphasized, veterans should consider whether to go with the Physical Disability Board of Review process or apply to their service's Board of Correction for Military Records. "This is a very important point, and PDBR-eligible veterans should understand there are several differences between the scope and the consequences of the two reviews," he said. The DD Form 294 contains a table outlining the differences and outcomes of the two review processes. "The choice is important, and highly dependent upon the facts and circumstances of a veteran's case," LoGrande said. "The applicant should weigh all of the factors and make a choice only after careful consideration." [Source: AFPR Russell P. Petcoff article 3 Mar 2010 ++]

SHINGLES Update 02: A vaccine for shingles, which Department of Veterans Affairs (VA) researchers helped develop, is available to veterans who are patients at VA medical facilities nationwide. Secretary of Veterans Affairs Jim Nicholson said, "Shingles can seriously degrade the quality of life for

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those who suffer from this disease. Offering this vaccine to our patients is further evidence of VA's commitment to provide world-class health care to America's veterans. VA will continue research that leads to real-life solutions like the distribution of this shingles vaccine for patients at VA facilities across the country." VA physicians will offer the vaccine to patients with appropriate medical conditions, usually those who are 60 years of age or older and have healthy immune systems. A single dose of the vaccine offers protection against shingles, which is scientifically named Herpes Zoster. VA researchers and patients from across the country participated in studies which led to the vaccine's approval by the Food and Drug Administration. The vaccine is available immediately to those who are recommended for the treatment.

Shingles is a miserable painful skin and nerve infection caused by a reactivation of the chickenpox virus. Each year more than 800,000 Americans develop shingles, also known as herpes zoster. About half of those who live to 85 will get the disease that had chickenpox as a child. When a young person recovers from chickenpox the varicella zoster virus continues to remain in clusters of nerve cells next to the spinal cord. The immune system causes the virus to lay dormant for many years but as we age the immune system weakens allowing the virus to reactivate. Factors other than age that can heighten the risk of reactivation are those that compromise the immune system. AIDS, Hodgkin's disease, intake of drugs that suppress the immune system, and stress can play a role in triggering the disease. Contact with an infected person does not cause another person's dormant virus to reawaken. However, the virus from a shingles patient may cause chickenpox in someone who has not had the disease before. When the virus reawakens it travels through the nerves to the skin. The first symptoms can be flu-like such as fever, chills, headache, nausea, or upset stomach. Some people experience itchiness, a tingling feeling, or pain in the initial stage. Within a few days, a painful rash develops usually on the chest, back or face. When the rash is at its peak it can be intense and unrelenting. This rash develops into small, fluid filled blisters that begin to dry out and crust over after about a week.

For most people the disease will resolve without treatment and after one attack the condition is unlikely to return. If treatment is provided with antiviral drugs within the first couple of days it can reduce the pain and may help prevent a shingles complication known as post herpetic neuralgia. This condition results from damaged nerves and can continue long after the rash heals. While not life threatening, Shingles can develop into chronic pain that may bring with it insomnia, weight loss, depression, and other medical problems. Fortunately, only about 10% of all people with shingles develop post herpetic neuralgia and in most cases the pain is not severe and goes away within a couple of months. If shingles appear on the face it can lead to vision or hearing problems. If the cornea becomes infected the result can cause permanent blindness. For additional info refer to www.cdc.gov/vaccines/vpd-vac/shingles/vac-faqs.htm . [Source: VACO OPIA Early AM Rpt 23 Aug 07 ++]

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VA PRESUMPTIVE VN VET DISEASES Update 02: Three veterans groups have threatened the Veterans Affairs Department with a lawsuit if VA does not publish regulations by 12 MAR about three Agent Orange-related diseases that the Institute of Medicine (IoM) has deemed should be presumed connected to military service. Every two years, the IoM reviews scientific evidence to determine if diseases could have been caused by dioxin, the harmful ingredient in Agent Orange. Agent Orange is an exfoliate widely used during the Vietnam War to clear forests. In its latest review, IoM found that ischemic heart disease, Parkinson's disease and B-cell leukemias all could be linked to Agent Orange exposure. VA is required by the Agent Orange Act of 1991 to publish a regulation, making veterans eligible for benefits, within 210 days of such findings. In this case, that would have been 19 FEB. VA doesn't have to pay out benefits until after the regulation is actually published.

The American Legion, Military Order of the Purple Heart, and the National Veterans Legal Services Program sent a letter to VA on 1 MAR demanding that the organization publish the regulation by 12 MAR "VA Secretary [Eric] Shinseki in September agreed to add the three diseases," said Barton Stichman, joint executive director of the National Veterans Legal Services Program. "But his agency has let him down on paying anyone their benefits." A VA official said the agency is working to make sure the regulation goes through correctly — and therefore causes no more delays — after severe snow storms in Washington, D.C., shut down the federal government for almost a full week in early February. The official added that veterans could get benefits retroactively, based on a lawsuit filed in 1984. Ian de Planque, the American Legion's assistant director for veterans affairs and rehabilitation, said the need to get the regulation right could delay veterans benefits until at least late summer. The regulation must be published in the Federal Register, and then go through a public comment period, before veterans can receive any benefits.

There has been some debate about the inclusion of ischemic heart disease for presumption of service connection. The science shows that people exposed to dioxin have higher rates of heart disease. However, ischemic heart disease is the number one cause of death in Western countries, and has also been connected to diet and exercise. "Shinseki's already made the decision," Stichman said of the possibility that discussion over that issue might contribute to the delay in publishing the new regulations, "so that shouldn't matter." De Planque said as many as 200,000 veterans may seek benefits just for heart disease, which could add to the already considerable backlog of VA benefits claims and cause further delays. De Planque recommended that veterans file claims as soon as a possible, and not wait for the regulation to come out. "We still don't know how broadly or narrowly ischemic heart disease is going to be defined," de Planque said. "There's going to be a lot of people affected." Stichman said VA hasn't been late with filing an Agent Orange regulation since 1991, when service connection for diabetes was delayed. He said veterans won a court case at the time that awarded retroactive benefits in that instance. [Source: AirForceTimes Kelly Kennedy article 2 Mar 2010 ++]

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GI BILL Update 73: In the face of a growing pile of ideas for changing the Post-9/11 GI Bill, the head of Veterans Affairs Department's education service is asking Congress hold off on any significant revisions to the education benefit until next year. Keith Wilson, the education service director who has been responsible for the launch of the new program, said he understands there are lots of ideas, many of them good ones, about improving the program, but that making changes before December could interfere with efforts to develop and deploy an automated system for calculating and paying benefits. "VA recommends postponing significant changes to the Post-9/11 GI Bill until after successful deployment of the payment system in DEC 2010 so that enhancements to the program do not have a negative impact on the service delivery to those clients utilizing benefits this summer and fall," Wilson said in 25 FEB testimony before the House Veterans' Affairs Committee's economic opportunity panel. The panel is considering a wide range of changes. Bills have been introduced that would increase the fee paid to colleges for processing veterans' education claims, expand vocational education covered by the new benefit and cover preparatory courses for college admission tests in addition to the actual tests, which are already covered. Rep. Stephanie Herseth Sandlin, (S-SD), the subcommittee chairwoman, said she expects that a package of GI Bill changes will be prepared this year for enactment in time to apply to students attending school next fall, but she gave no indication whether these would be major or minor changes.

The bill that most worries Wilson is H.R.3813, the Veterans Training Act, which would expand the Post-9/11 GI Bill to include vocational and technical training that is not covered by the new program but is covered by the older Montgomery GI Bill. VA officials support the idea of vocational training for veterans, but they are concerned about how to integrate the benefit into the new GI Bill, which bases benefits on actual tuition and fees, he said. "Most non-degree programs are offered on a clock-hour measurement basis, and students are generally charged tuition for the entire program versus term-by-term," Wilson said. A veteran enrolled in a computer training class, for example, might be charged \$10,000 for a six-month course. "It is unclear how VA should determine the maximum amount payable for such a program, under the Post-9/11 GI Bill," he said. Another problem is that paying for technical training up front could create repayment issues if a student doesn't finish, he said, noting that some technical schools have restrictive refund policies that would leave a veteran responsible for repaying VA if they drop out after attending a minimum of 30 days, he said. "Depending on the tuition charges and the institution's refund policy, this could be a significant burden for the veteran who does not complete a program," he said. [Source: AirForceTimes Rick Maze article 1 Mar 2010 ++]

WW1 VET SEARCH Update 06: The last Canadian veteran of the First World War was remembered 27 FEB at a private memorial service in Spokane, Washington. John Babcock was just 15 years old when he enlisted for the war in Sydenham, Ont., near Kingston, by telling recruiters that he was 18. He was desperate to escape the poverty that had befallen his family after the sudden death of his father. Babcock was one of 650,000 Canadians to enlist in what became known as the "war to end all

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wars." Veterans Affairs Minister Jean-Pierre Blackburn travelled to Spokane to join Babcock's family and friends for Saturday's memorial service. Blackburn presented Babcock's widow, Dorothy, with the Canadian flag that flew from the Peace Tower on the day of her husband's death. Babcock died Feb. 18 at the age of 109. "It's the end of an era, and at the same time, we have to remember what those people have done for us," the minister said. Dorothy Babcock has said her husband will be cremated and his ashes scattered in the mountains of the Pacific Northwest.

The federal government had planned to hold a state funeral for Babcock, but he rejected the idea, saying he wasn't worthy of the honor since he had not seen active service in the war. When Babcock's real age was discovered, he was sent to a training camp for underage soldiers in England. A soldier had to be 19 years old to go to the frontlines in France. "My service didn't amount to much," he said in a 2003 interview. "I enlisted when I was 15 and a half years old. They were hard up for men. They didn't have the draft yet and they were relying on people enlisting." After the war, Babcock moved to the United States and joined the U.S. Army. He later moved to Spokane, where he worked as an electrician and mechanical contractor. His death leaves only two known veterans of the First World War anywhere in the world. Frank Buckles, 108, who lives in the U.S., served as ambulance driver in the United Kingdom and France during the First World War. Claude Choules, 108, is an Australian and is believed to be the last veteran to have served in both the First and Second World Wars. Choules served first in the Royal Navy, and later, in the Royal Australian Navy. [Source: The Ottawa Citizen Andrew Duffy article 28 Feb 2010 ++]

NATIONAL RESOURCE DIRECTORY: The Department of Defense announced 23 FEB that its National Resource Directory (NRD) Web site for wounded, ill and injured service members, veterans, their families and those who support them, recently received a comprehensive system upgrade to provide users with easier access. This Web site is a collaborative effort between the Departments of Defense, Veterans Affairs (VA) and Labor (DOL), and compiles federal, state, local and non-profit resources for wounded warriors, veterans, family members and caregivers in a single, searchable site. "We worked closely with users of the National Resource Directory to find out how to make the information they need easier to find," said Noel Koch, deputy under secretary of defense for Wounded Warrior Care and Transition Policy. "The resulting re-design is easier to navigate and adds useful new features."

The upgrade makes the latest wounded warrior and veteran issues easier to locate and follow. A new "bookmark and share" application helps visitors alert others to the content they've found most helpful through social bookmarking, Facebook, Twitter, and other social networking tools. Visitors can also subscribe to Really Simple Syndication (RSS) or e-mail updates to receive new content, events and features based on their specific interests and needs. "There are thousands of programs and benefits available to wounded warriors and their families, from healthcare and housing to education and employment assistance," said Koch. "Our people must have an easy way to sift through it all to find the

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resources that are most helpful for their circumstances, especially while they're dealing with what can be overwhelming challenges. That's why we've partnered with the VA and Department of Labor to offer the National Resource Directory. And with the feedback mechanisms we've added in the re-design, we'll be able to keep improving our service to our wounded warriors and families."

The faster, enhanced search engine ranks information based on the popularity of the sources among other site users, so the most valuable resources rise to the top of the search results. Visitors can tailor searches for resources in specific states and territories, and apply filters to narrow their searches. The re-designed site also highlights resources to assist homeless veterans. NRD users can also recommend additional resources. All resources are thoroughly vetted prior to inclusion on the National Resource Directory, and as always, content is updated and reviewed daily by a content management team which includes veterans and subject matter experts. To sign up for the National Resource Directory emails updates, events, or features, go to: www.NationalResourceDirectory.gov. [Source: DoD News Release 23 Feb 2010 ++]

SPACE "A" INFO Update 03: The 731st Air Mobility Squadron at Osan Air Base, South Korea is preparing for the re-establishment of two Patriot Express routes through Korea. The estimated date of the first departure mission is 7 APR. The first route is scheduled to arrive at Osan Air Base from Seattle-Tacoma International Airport and Misawa Air Base, Japan on Mondays at 1220. It will leave the next day Tuesday with a 0600 Space-A roll call time. The second route is scheduled to arrive at Osan from Seattle-Tacoma International Airport and Yokota AB Japan on Wednesdays at 1130. It will leave the same day for Kunsan AB with a Space-A roll call time of 1000. The aircraft will then come back through Osan via Kunsan at 1050 on Thursdays with Space-A roll call time for departure to Yokota/Seattle-Tacoma of 0900 Thursday. Times and days are currently subject to change. Parking, telephones, and internet access will be limited. For information on Space-Available travel info, military-only travel deals, discount travel offers, and more refer to:

- www.Military.com Travel Center.
- www.amc.af.mil Air mobility Command
- www.pepperd.com Dirk Peppard's Space "A" Message Board (Includes Terminal Map)
- www.spacea.net/faq.html#categories Frequently Asked Questions
- www.pepperd.com/spacea/messages/438/438.html?1267582825 Space A Lodging

[Source: www.Military.com article 1 Mar 2010 ++]

MEDICARE REIMBURSEMENT RATES 2010 Update 05: The Department of Defense (DoD) announced the implementation of the new TRICARE reimbursement rates will take 30-60 days. According to law, the same reimbursement rules apply to TRICARE as they apply to Medicare. However, the law does permit TRICARE to make exceptions if necessary to ensure an adequate network of

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providers or to eliminate a situation of severely impaired access to care. DoD stated they will readjust TRICARE reimbursement rates if Congress acts to modify or eliminate the 21.2 % reduction in Medicare rates. The Centers for Medicare and Medicaid Services (CMS) issued guidance on 26 FEB delaying the 21.2% cut in Medicare reimbursement for two weeks. CMS instructed its contractors to hold all claims for services paid for under the Medicare Physician Fee Schedule for the first 10 business days of March. The guidance stated the holding of claims would not impact health care provider cash flow because electronically filed claims cannot be paid any quicker than 14 days after being received.

The reason for TRICARE and CMS guidance is because Medicare reimbursement rate cuts became effective 1 MAR. The cut in Medicare reimbursements is based on a federal budget law that establishes provider payments based on other economic factors. Over the past nine years, Members of Congress have temporarily prevented these cuts. Last week the U.S. House of Representatives passed H.R 4691, "Temporary Extension Act of 2010" extending the Medicare reimbursement rate cut to the end of March 2010. However, the U.S. Senate was unable to pass the extension legislation. TRICARE contacted the TRICARE Managed Care Contractors and posted their guidance on their website at: www.tricare.mil. CMS sent out their guidance via their provider information LISTSERV. [Source: NMFA article 2 Mar 2010 ++]

MEDICARE REIMBURSEMENT RATES 2010 Update 06: Doctors in Oklahoma say older Oklahomans will have less access to medical care if Congress doesn't fix a 21% cut in Medicare reimbursements that took effect 1 MAR. "It's about the patients. It's not about us," said Dr. George Caldwell, a Tulsa physician and current vice president of the Oklahoma State Medical Association. He will become president of the association in 2011. "Congress promised in 2008 a permanent fix, and they have really let us down," he said. Under a formula adopted by Congress more than 10 years ago to limit Medicare spending, reimbursement rates paid to physicians are automatically adjusted each year. Congress has stepped in the past nine years to delay cuts triggered by the formula. But this year, Senate gridlock prevented passage of a 30-day extension that passed in the House last week. "We've been limping along since 2000 with no increase in Medicare rates," Caldwell said. "This 21% cut just compounds the problem, especially for docs who see a lot of Medicare patients. This is devastating." Lower payments mean that many doctors could opt out of taking care of Medicare patients, mostly because they can't afford to pay their employees or overhead expenses, he said. "It depends on the percentage of your practice that is Medicare," Caldwell said. "We're basically small-business people. Our employees need to be paid."

More than 575,000 Oklahomans rely on Medicare for their health benefits, according to the latest figures from the Kaiser Family Foundation, a Menlo Park, Calif.-based nonprofit health research and analysis organization. Eventually, the Medicare rate cuts will trickle down to private insurers since commercial insurance payments mirror Medicare rates, Caldwell said. "There would be a ripple effect," he said. "We're holding our breath." Caldwell and other Oklahoma physicians just happened to be in

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Washington, D.C., for the American Medical Association's National Advocacy Conference. The Oklahoma doctors were expected to meet 9 MAR with the state's congressional delegation, and Medicare payments are now at the top of their minds. "We need our delegation to be vocal advocates," Caldwell said. "Sen. Coburn is trying, but he's a voice in the wilderness." Dr. Lee Schoeffler, a Tulsa ophthalmologist and Oklahoma State Medical Association immediate past president, said that if the cut isn't rescinded by 1 JUL, he will have to close his doors. "I just can't do it anymore. I won't be here," he said. At least 80% of his patients are on Medicare; older people are more prone to macular degeneration. His overhead accounts for 67.4% of his expenses, although his office building is paid off. "Unfortunately, it boils down to economics," Schoeffler said.

In a statement, American Medical Association President James Rohack said the payment cut has put older people at grave risk of reduced access to health care and choice of physicians. "The Senate had over a year to repeal the flawed formula that causes the annual payment cut and instead they abandoned America's seniors, making them collateral damage to their procedural games," he said. The Obama administration halted Medicare billing for 10 days to give the Senate time to act to avoid the payment cuts. "It is not an exaggeration to say that private medical practice physicians will be the first to close their doors if this cut stays in place," Caldwell said. [Source: Tulsa World Kim Archer article 3 Mar 2010 ++]

MEDICARE REIMBURSEMENT RATES 2010 Update 07: President Obama signed legislation (H.R. 4691) on 2 MAR which will delay the 21% cut in doctor reimbursement rates for providers who see Medicare and TRICARE patients that was scheduled to take effect on 1 MAR. The bill also provides relief from the \$1,860 Medicare therapy coverage cap, helping many stroke and accident victims whose 2010 expenses were already bumping against the cap. Unfortunately the extension only delays the cuts for 30 days to 1 APR. This short-term legislation is intended to give lawmakers time to work on a package that would include longer-term extensions and/or a more permanent resolution to the reimbursement problem. The Senate is working on another fix that would further delay the doctor payment cut until 1 OCT and extend the therapy cap relief through the end of the year. The 1 OCT date is significant, since few legislators will want to allow a 21% Medicare cut a month before the election. [Source: Various 15 MAR 2010 ++]

IRS REFUND: Are you expecting a tax refund from the Internal Revenue Service (IRS) this year? If so, here are seven things you should know about checking the status of your refund once you have filed your federal tax return.

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1. Online Access to Refund Information. Where's My Refund? are interactive tools on <http://www.IRS.gov> and the fastest, easiest way to get information about your federal income tax refund. Whether you split your refund among several accounts, opted for direct deposit into one account, used part of your refund to buy U.S. savings bonds or asked the IRS to mail you a check,

2. When to Check Refund Status. If you e-file, you can get refund information 72 hours after the IRS acknowledges receipt of your return. If you file a paper return, refund information will generally be available three to four weeks after mailing your return.

3. What You Need to Check Refund Status. When checking the status of your refund, have your federal tax return handy. To get your personalized refund information you must enter:

- Your Social Security Number or Individual Taxpayer Identification Number.
- Your filing status which will be Single, Married Filing Joint Return, Married Filing Separate Return, Head of Household, or Qualifying Widow(er).
- Exact whole dollar refund amount shown on your tax return

4. What the Online Tool Will Tell You. Once you enter your personal information, you could get several responses, including:

- Acknowledgement that your return was received and is in processing.
- The mailing date or direct deposit date of your refund.
- Notice that the IRS could not deliver your refund due to an incorrect address. In this instance, you may be able to change or correct your address online using Where's My Refund?.

5. Customized Information. Where's My Refund? also includes links to customized information based on your specific situation. The links guide you through the steps to resolve any issues affecting your refund. For example, if you do not get the refund within 28 days from the original IRS mailing date shown on Where's My Refund?, you may be able to start a refund trace.

6. Visually Impaired Taxpayers. Where's My Refund? is also accessible to visually impaired taxpayers who use the Job Access with Speech screen reader used with a Braille display and is compatible with different JAWS modes.

7. Numbers to Call. If you do not have internet access, you can check the status of your refund in English or Spanish by calling the IRS Refund Hotline at (800) 829-1954 or the IRS TeleTax System at (800) 829-4477. When calling, you must provide you or your spouse's Social Security number, filing status and the exact whole dollar refund amount shown on your return.

Refund checks are normally sent out weekly on Fridays. If you check the status of your refund and are not given the date it will be issued, wait until the next week before checking back. [Source: My Federal Retirement newsletter 1 Mar 10 ++]

DFAS myPay SYSTEM Update 08: Retirees and annuitants with myPay accounts need to establish new user names and passwords if they have not already done so using the new format. The

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Defense Finance and Accounting Service implemented this new access strategy in an effort to increase the security of user information. The myPay online pay account management system allows many of the 6 million payroll customers of DFAS to access pay information and update such items as direct deposit account numbers, start or stop allotments, alter tax withholding amounts and retrieve tax forms. In the past, myPay account access relied on a user's Social Security number and a DFAS-provided personal identification number. Later enhancements allowed the user to change their user name, known as a login ID, from their SSN to one of their own making. While the user names were masked (actual letters, numbers and symbols were not visible on the computer screen), more sophisticated "key logging" spyware could potentially provide this information to identity thieves should a user's computer become compromised. This was also behind an earlier security upgrade that required the use of a virtual keyboard when entering a PIN. The virtual keyboard uses mouse clicks rather than keyboard entry to enter a PIN and access a user's account.

According to myPay officials, customized login IDs and passwords will allow DFAS customers more flexibility and opportunities to increase the security of their personal information. Login IDs, also known as user names, will require six to 129 alphanumeric characters that will be unique to one user only. Should a user attempt to create a login ID that has already been established, they will be informed to attempt another request using a different ID. Passwords will be created by each user and must meet myPay standards: Instructions for creating login IDs and passwords are available on the myPay Web site at <https://mypay.dfas.mil/mypay.aspx> to assist users. Users can also call the Customer Support Unit at (888) 332-7411 or click the "Contact Us" link on the myPay home page for assistance. Accounts with a Restricted Access PIN, which allows access to pay account information without the ability to make changes for persons authorized by the primary user, will also be prompted to establish a limited access ID and password using the same requirements. [Source: Afterburner article Feb 2010 ++]

CANCER RISK REDUCTION: As of late NOV 09, the National Cancer Institute's Surveillance Epidemiology and End Results (SEER) program estimated that nearly one in two men and women born in 2009 will be diagnosed with cancer at some time during their lifetime. With those depressing odds in mind, there's no time like the present for you and your family to pursue natural ways to help ward off cancer. This might not seem all that important now, but think how you'll feel if cancer strikes you or a member of your family. Why risk having that happen? Now is the time to improve your health and help ensure a long, healthy life free of cancer and other diseases. Consider the following and talk to your doctor for more information:

- **Watch What You Weigh.** According to the American Institute for Cancer Research (AICR), approximately 100,500 cancers that strike Americans annually are the result of excess body fat, underscoring the central role that overweight and obesity play in the development of cancer (and in the ability to survive the disease).

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- **Think Natural, Not Chemical.** An October 2009 report by the American Cancer Society's Cancer and the Environment Subcommittee advises the public to minimize exposure to known carcinogens (cancer-causing substances), calling for new strategies to more effectively and efficiently screen chemicals.
- **High Cholesterol Is Not Your Friend.** A recent large-scale study, results of which were published in NOV 09, suggests that a person's risk of cancer may be significantly lower when cholesterol levels are kept low.
- **Try Sugar and Spice.** Irish researchers have determined that curcumin, an extract found in the curry spice turmeric, promotes death of cancer cells. Another study suggests that certain compounds in pomegranate, a rich source of antioxidants, inhibit a liver enzyme and thus may confer beneficial effects against prostate cancer development.
- **Live the Good Life.** Earl Ford, from the Centers for Disease Control and Prevention, and colleagues studied data from 23,153 German men and women, ages 35 to 65 years, who participated in the European Prospective Investigation Into Cancer and Nutrition-Potsdam study. The researchers found that four lifestyle factors -- never smoking, body mass index (BMI) of 30 or less, exercising 3.5 hours a week, and eating a healthy diet - slashed the risk of cancer, as well as cardiovascular disease and diabetes, by a staggering 80%.

[Source: Health-E-News Mar 2010 ++]

NAVY AND MARINE CORPS: A quiet, nine-year effort to give the Marine Corps equal billing in the Navy Department went high profile 25 FEB with a Capitol Hill news conference featuring retired Marine generals, a wounded Marine, parents of Marines and a Hollywood star. The event was aimed at giving momentum to a perennial effort by Rep. Walter Jones (R-NC) to expand the name of the department and its secretary to the "Navy and Marine Corps." Jones, whose district is home to two Marine Corps facilities, Camp Lejeune and the Cherry Point air station, has introduced legislation to change the department's name every year since 2001. Although the proposal has been included in the House defense authorization bill every year, it has never been accepted by the Senate, largely because of the opposition of former Sen. John Warner (R-VA), a Marine Corps veteran and former Navy secretary who was Senate Armed Services chairman or ranking member for many years. With Warner retired, the main obstacle may be Senate Armed Services ranking member John McCain (R-AZ), a retired Navy captain.

Jones is pushing a stand-alone bill this year, which he said has 368 co-sponsors. A companion bill has been introduced by Sen. Pat Roberts (R-KS), a Marine veteran. Asked about getting McCain's support, Roberts said McCain told him he had never been asked, an oversight Roberts plans to address. Among the non-legislators showing support for Jones' measure were retired Marine Gens. Al Gray and Anthony Zinni, a former Marine Corps commandant and a past U.S. Central Command head, respectively; officials from the Marine Corps League and Marine Parents Association, and R. Lee Erney, a Marine Corps veteran who played the drill instructor in the movie "Full Metal Jacket" and hosts the popular Military Channel TV shows, "Mail Call" and "Lock N Load." Jones and the Marines all emphasized that the call to add Marine Corps to the department's title did not reflect any disrespect to their Navy comrades or an attempt to separate from the Navy. Roberts noted that the Marines were recognized as a distinct service in the 1947 National Security Act. He said his father, who fought on Iwo Jima in 1945, and the Marines who are leading the fight today in Marjah, Afghanistan, "are equal partners" in the Navy-Marine Corps team. "Is it too much to ask the civilian leading the department in which they serve to recognize that?" Roberts

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asked. "We'll always be part of the Navy, but we'll always be Marines," said retired Marine Sgt. Eddie Wright, who lost both hands in Iraq. "We're out there fighting, putting our butts on the line. I don't see anything wrong with a little recognition." [Source: CongressDaily Otto Kreisher article 26 Feb 2010 ++]

DISABLED VETERANS MEMORIAL Update 03: The United States Mint has officially released the 2010 American Veterans Disabled for Life Silver Dollar, the first commemorative coin issued in 2010. The coin was officially launched by the Disabled Veterans' LIFE Memorial Foundation 25 FEB at a reception at the Russell Senate Office Building in Washington, D.C. Former Secretary of Veterans Affairs Anthony Principi, Director of the United States Mint Ed Moy, National Commander of the Disabled American Veterans (DAV) Bobby Barrera, Senator Tim Johnson (D: South Dakota), Senator James Inhofe (R: Oklahoma); U.S. Representatives Mark Kirk (R: Illinois) and Dennis Moore (D: Kansas); Co-Founder and Chairman of the Disabled Veterans' LIFE Memorial Foundation (DVLMF) Lois Pope, and President and CEO of TriWest Healthcare Alliance David McIntyre, among others, celebrated the launch. In addition to being a keepsake commemorative, proceeds from the sales benefit the Disabled Veterans' LIFE Memorial Foundation, the organization raising the private funds to construct the American Veterans Disabled for Life Memorial in the nation's capital. The planned memorial will be the first in Washington, D.C. dedicated to living disabled veterans across all service branches and all areas of conflict.

The collector proof and uncirculated silver coins have a maximum mintage of 350,000. The United States Mint is offering a special introductory price of \$39.95 for a proof coin and \$33.95 for an uncirculated coin until 29 MAR. Afterward, proof coins will cost \$43.95; uncirculated coins will cost \$35.95. Shipping and handling charges are additional. "The coin is a reminder forever of the brave servicemen and women who risked, and continue to risk, their lives in defense of our country's liberty," said Arthur Wilson, DAV national adjutant and president of the DVLMF. "Each coin sold brings us one step closer to building a permanent, national memorial to disabled veterans." The limited-edition coin honors more than three million permanently disabled veterans living today and pays tribute to all deceased disabled veterans from throughout our Nation's history. Each dollar is struck from 90% silver and 10% copper, weighs 26.73 grams and measures 1.5 inches in diameter. To purchase a 2010 American Veterans Disabled for Life Silver Dollar, visit www.usmint.gov, or call 1-800-USA-MINT. Hearing- and speech-impaired customers may order by calling 1-888-321-6468. For more information about the Memorial, refer to www.avdlm.org. [Source: Enhanced Online Bews article 26 Feb 2010 ++]

MILITARY ID CARD REQUESTS: Military identification cards are issued through the Department of Defense (DOD) to military personnel, their spouses, and any other eligible dependents. Additional ID versions may also be granted to other eligible individuals such as civilian guardians of

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children who are entitled to partial or full military benefits. Retired personnel and their dependents are issued a different identification card upon retirement of the military member. Military ID cards, also referred to as Form 1173, are color-coded to identify the status of the cardholder at a quick glance.

- A green identification card is issued to all active duty personnel as well as reservists.
- A blue ID card is issued to retirees or those who have been honorably discharged with veteran benefits.
- A tan card is issued to the eligible dependents of retired military personnel.
- A red ID is issued to the eligible dependents of reservists.

A military ID proves authorization of the cardholder to receive all or limited benefits and privileges granted to those attached to the armed services. An ID card from one military branch gives the cardholder access to identical services at another military branch.

A DD Form 1172, Application for Uniformed Services Identification Card--DEERS Enrollment must be completed to obtain a military ID card. This can be downloaded at www.dtic.mil/whs/directives/infomgt/forms/eforms/dd1172.pdf if you want to partially prepare it in advance or you can go to the nearest Real Time Automated Personnel Identification System (RAPIDS) site and complete it there. Your nearest RAPIDS site can be found on www.dmdc.osd.mil/rsl/owa/home by entering your location data. The DD Form 1172 serves two functions for military members and their dependents. First it serves the obvious role as an identification card. Secondly, it provides personal information to the Defense Eligibility Enrollment Reporting System (DEERS). These two pieces of information give military members and their dependents access to services including medical care they receive as a benefit of their service.

The form consists of a number of sections to be completed by various parties:

- **Section I:** The service member (i.e. sponsor) fills out Section I with his own personal information including every block for which he has the information available. Different services have different procedures for submitting the form, but all of them require interaction with a personnel officer or technician. That person must fill out certain information, including Block 31.
- **Section II:** Section II is for the personal information about the member's dependents. The form has room for two dependents' information. If there are more than two, the member must fill out an additional form. The personnel officer must provide certain information, including that in Blocks 59 and 87.
- **Section III:** The personnel officer will usually fill in the verification statements in this section. These statements record which methods or documents verify eligibility. For example, a marriage certificate usually verifies a spouse's eligibility, and a birth certificate verifies a child's eligibility. The service member must sign Section III after reading Section VIII on the back of the form and either sign in front of the personnel officer or other verifying official, or have the signature notarized.
- **Sections IV thru VI:** The personnel officer or verifying official will complete Sections IV and V. Once the service member receives the ID card, he/she will sign and date the form in Section VI. All of the information will be stored in DEERS so when a card needs to be renewed or replaced the personnel office can print out a new DD Form 1172 complete with all information. The member then only needs to review the form and sign Sections III and VI.

Although it is suppose to be standardized, it seems different military posts require different documentation. Use the data listed on www.dmdc.osd.mil/rsl/owa/home to call ahead to check what is required. If that is not possible be sure to take your DD1172, Power of Attorney if sponsor is not

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accompanying you, two forms of personal identification (at least one to include a photo), and any supporting documentation (marriage certificate, birth certificate, etc.). [Source: www.ehow.com Mar 2010 ++]

TRICARE HELP: Have a question on how Tricare applies to your personal situation? Write to Tricare Help, Times News Service, 6883 Commercial Drive, Springfield, VA 22159; or tricarehelp@militarytimes.com. In e-mail, include the word "Tricare" in the subject line and do not attach files. You can also get Tricare advice online anytime at www.militarytimes.com/tricarehelp. For basic information refer to the latest Tricare Handbook at www.tricare.mil/mybenefit/Download/Forms/Standard_Handbook_LoRes.pdf or call your regional contractor. Following are some of the issues addressed in recent weeks by these sources:

(Q) How do we change from Tricare Prime to TFL? My wife is three years older than me. As long as we are still on Tricare Prime, this poses no problems. However, she will reach 65 and become eligible for Medicare before I will. What steps will we need to take to get her Tricare for Life before me? If it makes a difference, we live near a military medical facility.

(A.) It doesn't matter which spouse is turning 65. The younger can continue Tricare Prime and the older will have to take steps to drop Prime coverage. The steps to take and the actions that will result are as follows:

- At least 90 days before the month age 65 will be reached, she should contact the Social Security Administration to apply for Medicare Part A and Part B.
- Medicare will review the application, and if it finds she is eligible, will send her a Notice of Award and a Medicare ID card a few weeks before she turns 65.
- Social Security is supposed to automatically notify DEERS when anyone enrolls in Medicare Part B so it can make the transition to Tricare for Life (TFL) in her DEERS record. Federal law requires a beneficiary be enrolled in both Medicare Part A and Part B to keep their Tricare eligibility and have TFL. It is not recommended that she enroll in the Medicare Pharmacy Program (Part D of Medicare) because of the availability of the Tricare Pharmacy Program.
- When the Medicare ID card is received, call DEERS at 1(800) 538-9552 to make sure it has updated her record to show Part B enrollment and TFL eligibility.
- DEERS will automatically change the Tricare Prime to Tricare Standard, and eligibility for Tricare for Life will begin on the first day of the month when age 65 is reached.
- Upon turning 65 Tricare Prime can no longer be used. All civilian medical care must be obtained from Medicare providers because Medicare will become the primary coverage and Tricare Standard will automatically become the secondary coverage.
- It is recommended to start looking for a Medicare provider who will accept her as a new patient at the same time as he/she applies for Medicare.
- For the last annual Tricare Prime enrollment period, make arrangements to pay her Prime enrollment fee on a month-to-month basis. This is to avoid making the advance payment for services which would no longer be allowed once Medicare begins. Suggest asking her Prime provider in advance if the military medical facility she is currently using will be available to her for any type of medical care once Prime is dropped.
- Medicare will start billing her every 90 days for the Medicare Part B premium until she starts receiving her social security checks. Then the premium will come out of the social Security check as an allotment to Medicare.

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- Upon receiving treatment under Medicare the Medicare provider will file a Medicare claim each time medical care is provided. Medicare will pay its share to the provider and automatically forward the claim to Tricare as second payer. On the vast majority of her claims, Tricare will pay the balance of the Medicare claim for every service that is also covered by Tricare. Those two payments, Medicare's and Tricare's, will pay the provider's bill in full. The only time there will any out-of-pocket costs for medical care is if a medical service is provided that is not covered by both Medicare and by Tricare. That will not be very often. Some TFL beneficiaries go more than a year without any such claims.
- In the meantime, suggest she should go to the official Tricare web site and read up on Tricare for Life. She can also download a TFL Handbook, which will be very useful.
- You will go through the same process when you turn 65 and get Medicare.

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(Q) As a full-time student beneficiary will Tricare coverage continue if I get married? My father is active-duty Army, and I have been covered by Tricare ever since I can remember. I am 19 and a full-time student, so I am still covered. I am thinking about getting married, but I want to know if Tricare will still cover me if I do. If I don't, how long will Tricare cover me if I remain a student?

(A) If you marry, your Tricare eligibility will end at midnight of the day of your marriage. You must notify DEERS when you marry. If you do not marry, your Tricare eligibility will end at midnight of the day before your 21st birthday, unless you are a full-time student at an accredited college, university, or trade school. During any period after age 21 when you are enrolled as a full-time student, your Tricare coverage will continue until you marry, graduate, or until midnight of the day before your 23rd birthday. For official clarification and confirmation of these rules, call the DEERS Support Office at 1 (800) 538-9552.

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Q. Can I receive TFL benefits while out of the country? While on a visit to Canada, I injured my knee and was taken to an emergency room. The total cost was over \$800. It's my understanding that Medicare does not cover these expenses. Is there any coverage under Tricare?

(A). Medicare can provide coverage for medical care received outside the U.S. and its possessions only in certain limited situations. Suggest that you contact Medicare to explain the details of the events resulting in your Canadian medical care. Medicare will tell you whether it can provide any coverage and how to file a Medicare claim in that event. If Medicare can provide coverage, the claim will be processed as any other TFL claim — that is, with Medicare as primary payer and Tricare Standard, automatically, as second payer. As a Tricare for Life beneficiary, you have coverage by two full service, stand-alone, health insurance policies, Medicare and Tricare Standard. If you receive a medical service that is not covered by Medicare, such as your Canadian care, you have Tricare Standard as fall-back coverage. If Medicare is unable to pay anything toward your care in this case, Tricare will be your only coverage. In that case, the Tricare claim will be subject to all of Tricare's claims processing rules including the application of the Tricare deductible and cost share. In summary:

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- Under TFL, when a medical service is covered by both Medicare and Tricare, the Tricare deductible and cost share are waived. In those cases, the combined payments by both plans (Medicare plus Tricare) will pay the Medicare claim and the provider's bill in full.
- All medical services on the vast majority of a TFL beneficiary's Medicare claims are covered by both Medicare and Tricare. Because Tricare's deductible is waived on those claims, it is possible that the beneficiary has paid very little toward satisfying the \$150 fiscal year Tricare deductible.
- When Medicare does not pay on a medical service, Tricare becomes the beneficiary's only health insurance for that particular medical service. Thus, when the Tricare-only claim is processed, any amount of the Tricare deductible not previously paid must be applied to that claim.
- Depending on the beneficiary's previous claims history during that fiscal year, the deductible amount remaining unpaid could be large. It must be subtracted from the amount Tricare allows on that item, then the beneficiary's 25% cost share must be subtracted from the amount remaining. Those actions can considerably reduce the amount Tricare pays on the claim. That rule is required by federal law.

Source: NavyTimes James E. Hamby Jr. column 15 Mar 2010 ++]

MILITARY HISTORY: On 26 JAN 1943 the submarine USS Wahoo (SS-238), under the command of Lt. Commander Dudley W. "Mush" Morton, engaged in a running gun and torpedo battle with a Japanese convoy consisting of four ships off the northern coast of New Guinea. It would later prove to be a seminal moment in the history of the famous Morton and his Wahoo, forever cementing their combined reputation as ace ship hunters. At a time when the war news was almost universally bad, and when the submarine force was struggling to hit its stride against the Japanese, Morton and the fighting Wahoo provided a much needed shot in the arm and morale boost to our Navy and country. Unfortunately, it also would prove to be one of the most controversial acts committed by one of our submarines during the war, and would later result in whispered back room (and sometimes open) charges of racism, murder, and official cover-up.

Just before noon on the 26th, Morton engaged the Buyo Maru, one of the four ships in the convoy. She was a freighter chartered by the Japanese government to carry troops and materiel to war zones in and around New Guinea. Just a few miles off shore, Morton's initial torpedo attack sank the ship, but not before over 1,000 troops made it into the water in 20 wooden lifeboats. Her batteries nearly depleted from many hours of submerged action, Morton surfaced the Wahoo amid the boats and assessed the situation. Realizing that the boats were within easy range of Japanese held territory, and that the majority of the men in the boats would survive and make it back to Japanese control, Morton made the command decision to finish the Wahoo's mission and destroy the boats.

At 1342 that afternoon, he gave the order to fire on the boats with the Wahoo's 4"/50 cal. deck gun and .50 caliber machine guns after having received incoming small arms fire as they approached the scene. The gun's methodically aimed fire quickly turned the boats into flotsam. Morton's intentions were to destroy the boats and thus their means of reaching friendly territory; in essence finishing the mission of sinking the transport. Reports of what actually happened differ depending how much one saw and where

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they were located during the action. According to Richard O'Kane, Morton's executive officer (who was probably below during much of the action and thus had a poor vantage point), "some Japanese troops were undoubtedly hit during this action, but no individual was deliberately shot in the boats or the sea." O'Kane also stated that Morton even sharply reprimanded a sailor who shot at a soldier with a .45 caliber pistol when it appeared the soldier was going to lob a grenade at the sub. George Grider, the Engineering Officer described the action as "nightmarish minutes". One other account had at least one soldier deliberately killed with machine gun fire.

By 1400, the action was finished and the Wahoo departed the area. A total of 282 men had been killed. Morton openly reported the incident in both message form and in his subsequent patrol report, which was reviewed by the chain of command and eventually received a glowing endorsement from Commander Submarines Pacific, Admiral Charles Lockwood. No attempt was made to hide or diminish anything. Morton actually badly overestimated the number of troops killed, estimating the number to be between 6,000 and 10,000. In a supremely ironic and tragic postscript, it was later revealed that the Buyo Maru also carried 491 British allied Indian P.O.W's, 195 of which were killed. This was information that Morton obviously did not have at the time. The remainder of the ship's 1,126 troops, P.O.W's, and crew were rescued by the Japanese. All told only 87 Japanese were killed.

Given the rather conservative nature of American society in those days this incident shocked some people, including other American submariners. Revulsion over WWI German U-boat tactics had lead to a re-emphasis of post-Victorian era laws of armed conflict which placed a great deal of restraint on submarine and surface raider operations. Rigid training on these conventions during the 20's and 30's lead to a very conservative mindset amongst many naval officers. Most believed that this type of action was forbidden under the terms of the Hague Conventions of 1907. However, the conventions were somewhat ambiguous on this point and were rendered altogether moot once the order to commence unrestricted submarine warfare was issued immediately following Pearl Harbor. The controversial backroom whispers of murder and atrocity served to sully the sterling reputation of four-time Navy Cross recipient Dudley Walker Morton and were probably the main reason he was never awarded the Medal of Honor. To some people, it would have appeared to be unseemly to give the nation's highest military decoration to someone involved in such a controversial act.

After the war, several historians and authors seized on this incident and played it up. British author Sir Richard Compton-Hall even accused the SubPac chain of command of lacking in the moral courage to question the act and prosecute Morton. Due to the subsequent loss of the Wahoo and Morton's death aboard her, we can never know exactly what was in Morton's mind at the time. Given the order to conduct unrestricted submarine warfare and the fact that there was no official SubPac written guidance about how to deal with survivors of a sinking, Morton's actions were clearly within the operating parameters that had been set by the chain of command. Morton and his crewmates did their duty that day and their actions have been exonerated by the test of time. This was not a massacre or an atrocity. Morton

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is not a murderer. It was a harsh and distasteful but absolutely necessary and justifiable act committed during a savage war. [Source: MilitaryHistoryOnline.com David Johnston article 1 Jan 2010 ++]

MILITARY TRIVIA:

- The first German serviceman killed in WW II was killed by the Japanese (China , 1937), the first American serviceman killed was killed by the Russians (Finland 1940); highest ranking American killed was Lt Gen Lesley McNair, killed by the US Army Air Corps. So much for allies.
- The youngest US serviceman was 12 year old Calvin Graham, USN He was wounded and given a Dishonorable Discharge for lying about his age. His benefits were later restored by act of Congress.
- At the time of Pearl Harbor , the top US Navy command was called CINCUS (pronounced 'sink us'), the shoulder patch of the US Army's 45th Infantry division was the Swastika, and Hitler's private train was named 'Amerika.' All three were soon changed for PR purposes.
- More US servicemen died in the Air Corps than the Marine Corps. While completing the required 30 missions, your chance of being killed was 71%.
- Generally speaking, there as no such thing as an average fighter pilot. You were either an ace or a target. For instance, Japanese Ace Hiroyoshi Nishizawa shot down over 80 planes. He died while a passenger on a cargo plane.
- It was a common practice on fighter planes to load every 5th round with a tracer round to aid in aiming. This was a mistake. Tracers had different ballistics so (at long range) if your tracers were hitting the target 80% of your rounds were missing. Worse yet tracers instantly told your enemy he was under fire and from which direction. Worst of all was the practice of loading a string of tracers at the end of the belt to tell you that you were out of ammo. This was definitely not something you wanted to tell the enemy. Units that stopped using tracers saw their success rate nearly double and their loss rate go down.
- When allied armies reached the Rhine , the first thing men did was pee in it. This was pretty universal from the lowest private to Winston Churchill (who made a big show of it) and Gen. Patton (who had himself photographed in the act).
- German Me-264 bombers were capable of bombing New York City , but they decided it wasn't worth the effort.
- German submarine U-120 was sunk by a malfunctioning toilet.
- Among the first 'Germans' captured at Normandy were several Koreans. They had been forced to fight for the Japanese Army until they were captured by the Russians and forced to fight for the Russian Army until they were captured by the Germans and forced to fight for the German Army until they were captured by the US Army.
- Following a massive naval bombardment, 35,000 United States and Canadian troops stormed ashore at Kiska, in the Aleutian Islands . 21 troops were killed in the assault on the island. It could have been worse if there had been any Japanese on the island.

[Source: Col D. G. Swinford, USMC, Ret Mar 2010 ++]

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